

Catalina Environmental Leadership Program
Student Health Form

Attention to Parents and Guardians!! This form will be used by the camp, school, and medical professionals in the event of an emergency. Please take the time to fill it out thoroughly and completely. Use the back of this sheet and/or additional sheets as needed. Thank you!

School _____
Student's Name _____ Birth Date _____
Street Address _____
City, State, Zip Code _____ Phone _____

Emergency Phone Numbers

Guardian Name _____ Relation _____ Phone _____
Guardian Name _____ Relation _____ Phone _____

Emergency Contact (in case neither guardian listed above is available)

Name _____ Relation _____ Phone _____

Important Health Information:

For the following categories, please describe the student's medical history, restrictions, treatment, or special accommodations required on site.

Allergies (food, medication, bee stings, etc): _____

Physical restrictions (injuries, disabilities, etc): _____

Social/Behavioral (ADD, ADHD, ODD, phobias, anxiety, etc): _____

Other medical conditions (diabetes, asthma, heart conditions, etc): _____

Dietary restrictions (vegetarian, kosher, etc.): _____

Medication taken (prescription and over-the-counter): _____

Insurance Information

Name of Your Insurance Company _____ Policy # _____
Address of Insurance Company _____ Phone # _____

Parent/Guardian Authorization

The information on this form is correct and complete as far as I know. I hereby give permission to the personnel at CELP to provide routine health care and seek emergency treatment for my child, which may include administering non-prescription medication under the supervision of the group leader, ordering x-rays or routine tests. I give permission to the camp to arrange necessary related transportation for my child and to the release of any records necessary for insurance purposes. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. I understand there are risks associated with the CELP program, and grant permission for the students to participate in all camp activities, except as noted. I release Catalina Island Camps, Inc. and their employees from liability and accept and assume full risk and responsibility for injury and illness resulting from the student's participation. I give permission for CELP to use any photos or video taken of my child in their promotional material.

Check here if you DO NOT want a one-time flyer for our summer camp mailed to your home address.

Signature of Parent/Guardian _____

Printed Name _____ Date _____

This original form will be kept on file at CELP